



Division of Services for the Deaf and Hard of Hearing

## Utah Interpreter Program

5709 South 1500 West / Taylorsville UT 84123-5217 801.263.4861

# Temporary Student Permit Application

*Return this application, letter of recommendation and fee to UIP*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Please outline your plan of action for obtaining certification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest Grade / Level of Education Completed: \_\_\_\_\_

Current School Name: \_\_\_\_\_

Instructor Name (Please include letter of recommendation): \_\_\_\_\_

Name(s) of Certified Interpreter(s) Who Will Supervise Practicum:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References (At Least One Must Be Deaf)

Email

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Dates of Permit: \_\_\_\_\_ to \_\_\_\_\_

*I agree to abide by the Utah Interpreter Program policy and procedures, as well as the RID Code of Professional Conduct. Failure to do so will result in revocation of permit. All of the information submitted is true and correct to the best of my knowledge.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Equal Opportunity Employer/Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711.

Spanish Relay Utah: 1-888-346-3162